

## Pregnant and Parenting Women: Prevention, Treatment and Recovery

Presentation to:  
KENTUCKY'S INAUGURAL  
Critical Access Hospital Substance Abuse  
Summit

March 7, 2018



---

---

---

---

---

---

---

---

"At its core, addiction isn't just a social problem or a moral problem or a criminal problem. It's a brain problem whose behaviors manifest in all these other areas. Many behaviors driven by addiction are real problems and sometimes criminal acts. But the disease is about brains, not drugs. It's about underlying neurology, not outward actions."

Dr. Michael Miller, past president of ASAM



---

---

---

---

---

---

---

---

### Addiction

- Is a primary, chronic disease of the brain reward, motivation, memory and related circuitry
- Has biological, psychosocial, social and spiritual components



---

---

---

---


---

---



---

---

**Dr. Nora Volkow**  
 Director of the National Institute on Drug Abuse (NIDA)



<https://www.drugabuse.gov/about-nida/directors-page>


---

---

---

---

---

---

---

---

# What are Adverse Childhood Experiences?




---

---

---

---

---

---

---

---



**“ADVERSE CHILDHOOD EXPERIENCES ARE THE SINGLE GREATEST UNADDRESSED PUBLIC HEALTH THREAT FACING OUR NATION TODAY.”**

DR. HUBERT BLANK, FORMER PRESIDENT OF THE AMERICAN ACADEMY OF PEDIATRICS

**HELP US BREAK THE CYCLE**




---

---

---

---

---

---

---

---




---

---

---

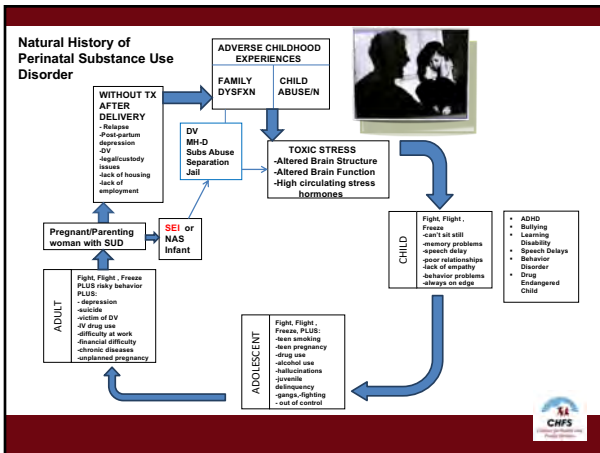
---

---

---

---

---




---

---

---

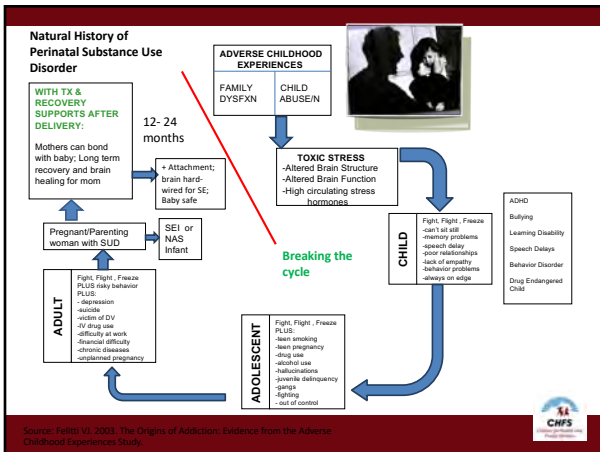
---

---

---

---

---




---

---

---

---

---

---


---

---

Source: Felitti VJ. 2001. The Origins of Addiction: Evidence from the Adverse Childhood Experiences Study.

### Children Exposed to Parental/Caregiver Substance Use

- Newborns of a parent engaged in substance use may suffer from attachment difficulties that interfere with social-emotional development.
- Children of parents with substance use issues are more likely to experience trauma and its effects
- Parental substance use and addiction was the chief cause in at least 70 and up to 90% of child welfare cases.
- Substance use increases recidivism and reflects a deeper involvement in the juvenile justice system.




---

---

---

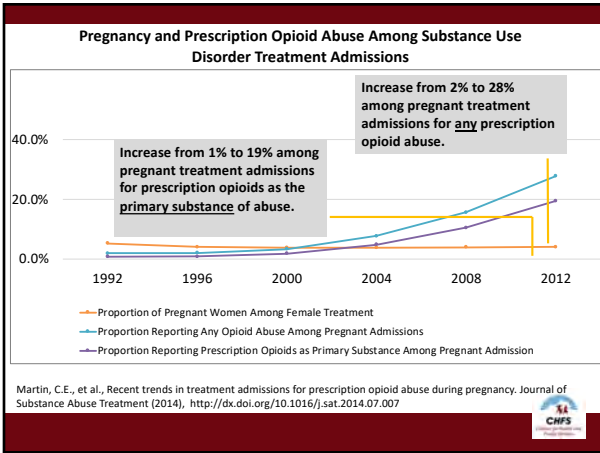
---

---

---

---

---




---

---

---

---

---

---

---

---

### Newborns die after being sent home with mothers struggling to kick drug addictions

By Duff Wilson and Julie Schiffman Filed Dec. 7, 2015, 9 p.m. GMT

Part 1: In America, a baby is born dependent on opioids every 19 minutes. But doctors aren't alerting social services to thousands of these infants, many of whom come to harm in families shattered by narcotics.



**"VERY SCARED"** Tony Schlier accidentally suffocated her baby. At her sentencing, she said she had been "very scared to bring a helpless human being into the world." In a letter from prison, Schlier writes that she needed help. *REUTERS/Handout*




---

---

---

---

---

---

---

---

**Child Abuse Prevention and Treatment Act (CAPTA, 2003, 2010)**



States provide assurances they have:

- Policies and procedures to address the needs of infants born and identified as affected by **illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder**
- Health Care providers involved in the delivery of care of such infants **must** notify the Child Protective Services System of the occurrence of such infants
- A plan of safe care is developed for the infant
- The number of infants born and identified as affected by is reported annually




---

---

---

---

---

---

---

---

**Child Abuse Prevention and Treatment Act (CAPTA, 2016)**

**S. 524, Comprehensive Addiction and Recovery Act (CARA) of 2016**  
**Title V, Addiction and Treatment Services for Women, Families, and Veterans**  
**Section 503, Infant Plan of Safe Care**

Important changes to CAPTA:

- Removes “illegal” in regards to infants affected by substance abuse.
- Requires the plan of safe care address the needs of infant and “affected family/caregiver” (mother is implied).
- Increases States’ accountability for annual reporting for:
  - Numbers of infants identified.
  - Infants with plans of safe care.
  - Referrals for services, including services for family.
- Increases monitoring requirement by Federal Government to ensure compliance by States.




---

---

---

---

---

---

---

---

**Kentucky Plan of Safe Care Initiative**

- Piloting a project to create a model of Plan of Safe Care that meets the CAPTA requirements and supports the infant, mother-family and caregivers prior to and after discharge from the hospital.
- Multi-disciplinary in nature, relies on collaboration across all agencies and systems and does not place burden of responsibility only on DCBS.
- Can be started prior to birth of infant for mothers engaged in treatment—thus preparing family and avoiding crises at birth---relies on better prenatal screening and early identification and engagement.




---

---

---

---

---

---

---

---

### Kentucky Plan of Safe Care Initiative

- Identifies needs of and services and supports for the infant, mother and family/caregiver across multiple domains (health, developmental, social, etc...).
- Focuses on stabilizing mother, infant and family in critical post-partum period (positive parenting, home visiting, mother-infant bonding, etc...), reducing cycle of abuse/substance abuse/subsequent prenatal exposure.



---

---

---

---

---

---

---

### Kentucky Plan of Safe Care Components

- Being both child- and family-focused.
- Specifying with whom the child will be discharged and ensuring protective capacity of the parents or other family/caregivers.
- Determining lead agency responsible for plan, frequency of monitoring and follow up.
- Specifying the details of referrals and ensuring connection to services—including home visiting and early intervention.



---

---

---

---

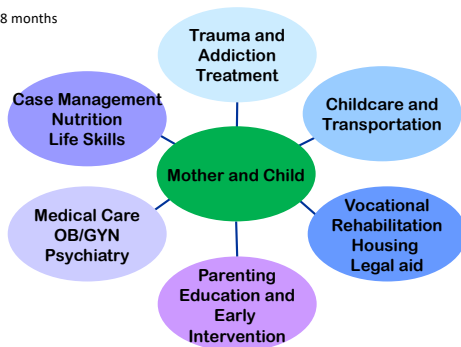
---

---

---

### What works: Model Care for Women and Children

12-18 months



Slide from Dr. Hendree Jones, UNC Horizons Program



---

---

---

---

---

---

---

## Funding for Neonatal Abstinence Syndrome



---

---

---

---

---

---

---

---

Beginning in 2000, KY faced

- Overdose Death Rate Among Women
- Overdose Death Rates for Women of Childbearing Age
- NAS Hospitalizations



---

---

---

---

---

---

---

---



---

---

---

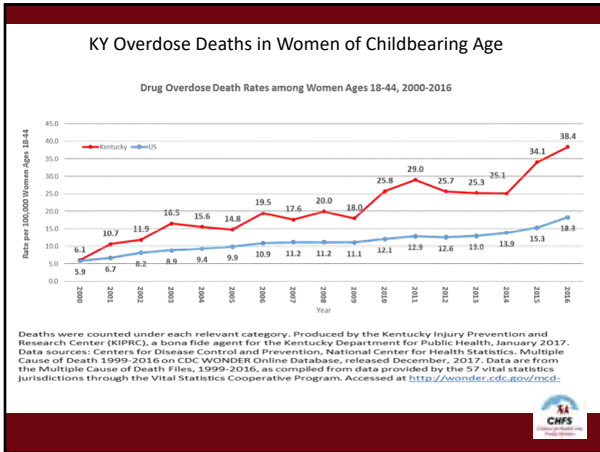
---

---

---

---

---




---

---

---

---

---

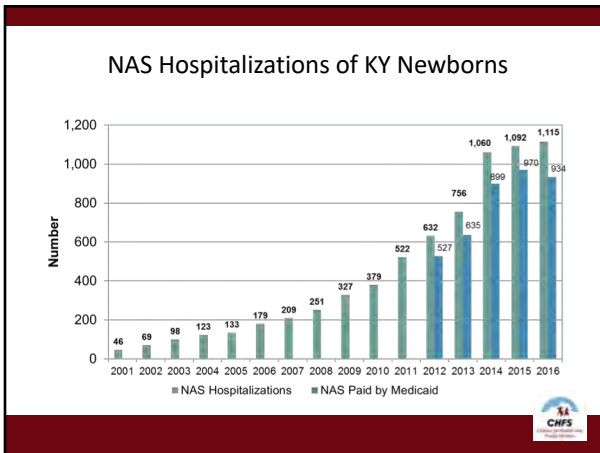
---

---

---

---

---




---

---

---

---

---

---

---

---

---

---

### Substance Use Treatment & Recovery Supports in KY

- Funding budgeted to the KY Justice and Public Safety Cabinet to combat heroin and substance abuse in the Commonwealth.
- Office of Drug Control Policy MOA with DBHDID to oversee and monitor funds to expand substance use treatment & recovery supports.
- Proposals were submitted, scored and awarded to programs.
- FY 2016- Seven (7) programs were awarded funding to support pregnant and parenting women.
- FY 2017- Nine (9) programs were awarded funding to support pregnant and parenting women.
- FY 2018- Ten (10) programs were awarded funding to support pregnant and parenting women.

---

---

---

---

---

---

---

---

---

---




## KY-Moms

### Maternal Assistance Towards Recovery (MATR)

Formally known as KIDS NOW Plus

**Katie Stratton**  
Adult Substance Use Treatment And Recovery Services Branch  
Division of Behavioral Health





---

---

---

---

---



---

---

---

## KY-Moms

- Prevention and Case Management Services for Pregnant and Parenting Women.
- The KY-Moms is aimed at pregnant women who are at-risk for substance use during pregnancy or are currently using substances during their pregnancy.
- The goal of the KY-Moms is to reduce harm to Kentucky mothers and their children from maternal substance use during and after pregnancy, while supporting Community Mental Health Centers (CMHC) to provide Medicaid reimbursable case management and prevention services.


---

---

---

---

---

---

---

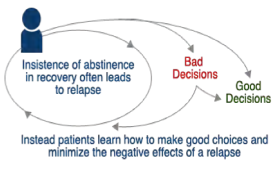
---

## KY-Moms & Harm Reduction


Reduction of harm is evidenced by the following:

- Reduction in the use of alcohol, tobacco, and other drugs;
- Reduction of targeted risk factors for substance use;
- Healthy birth outcomes (based on birth weight, length of gestation, and APGAR score) compared to the general population of women and demographically comparable women; and
- Engagement of high-risk pregnant women in needed services.

**Focus on Harm Reduction**



Instead patients learn how to make good choices and minimize the negative effects of a relapse




---

---

---

---

---


---

---

---

## How KY-Moms Reaches Goals

- Provides **community education**, development of **referral sources**, engages in community **outreach activities** associated with addressing issues surrounding substance use/abuse and pregnancy;
- **Early identification** of pregnant women at risk for substance use;
- Delivery of substance use **prevention services** to at-risk pregnant women who qualify for universal, selected, and indicated prevention services (Medicaid billable services);
- Engagement of pregnant women in **case management services** that meet the DSM substance use disorder criteria (Medicaid Billable services);
- Makes **referrals** to services that may include treatment for substance use, mental health, and/or domestic violence;
- Assists in **increasing readiness** for treatment while encouraging abstinence or reduction of substance use for pregnant women involved in case management services, but not ready to accept referrals for treatment services; and
- Encouragement and **support** to attend all prenatal care appointments during the pregnancy as recommended by physician and follow physician/OBGYN medical recommendations.




---

---

---

---

---

---

---



---

---

---

## KY-Moms Prevention Services

Substance use prevention services are offered to reduce the risk for substance use during pregnancy. For those individuals with an increased risk for substance use problems, additional prevention services are available to reduce the risk across their lifespan. These prevention services are targeted primarily at pregnant women who are at risk for substance use or are currently using substances during their pregnancy and have not been diagnosed with a substance use disorder (based off of DSM criteria).


---

---

---

---

---

---

---


---

---

---

## Types of Prevention Services

- **Universal:** A pregnant woman who does not present with a psychiatric or medical condition that requires immediate attention or who does not have biological, psychological, or social factors which would increase her risk for initiation use of alcohol, tobacco, or other drugs. She also does not present with a history of ATOD usage that has contributed to a lifestyle, legal problem, or other symptom and does not meet criteria for a substance use disorder.
- **Selective:** A pregnant woman who indicates NO alcohol or drug (in this case tobacco is not considered a drug) use during the last 30 days but is at increased risk for substance abuse problems during her pregnancy and throughout life due to the following risk factors:
  - Family history of alcohol and drug use.
  - Household members and significant others (including partners and peers) who have substance abuse problems.
  - History of emotional, sexual or physical abuse.
  - History of mental health problems and diagnosis.
- **Indicated:** A pregnant woman who fits the following:
  - Currently or has used alcohol or drugs since learning of her pregnancy.
  - Currently or has exhibited problematic behaviors prior to pregnancy associated with substance use.
  - Currently or has exhibited risk factors that increase her chances of developing a substance use problem.
  - Meets the criteria for a substance-related disorder and may benefit from this service as an adjunct to outpatient treatment (has completed an assessment).




---

---

---

---

---

---

---

---

---

---

## Case Management

The case manager's role is essential to the overarching goal of a woman's recovery process; to provide support to mother/child dyad, reduce ACE scores and break intergenerational substance use patterns.

For women meeting the DSM substance use criteria for a substance use disorder, case management is provided along with interventions intended to engage them in treatment services.




---

---

---

---

---

---

---

---

## Community Partnerships

- OB/Medical providers
- DCBS
- Health Department
- Educational/vocational services
- Housing
- Childcare providers
- Supported Employment
- Recovery Support
- Domestic Violence
- Parenting
- Legal Services
- Transportation services




---

---

---

---

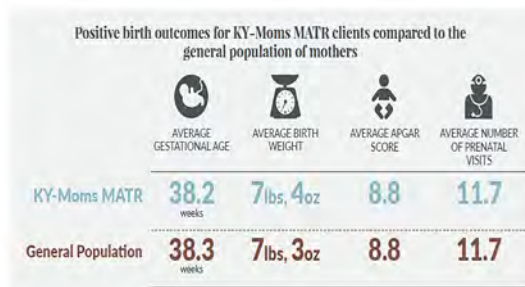
---

---

---

---

## Birth Outcomes of KY-Moms Mothers



<http://cdar.uky.edu/KY-Moms/201407/>




---

---

---

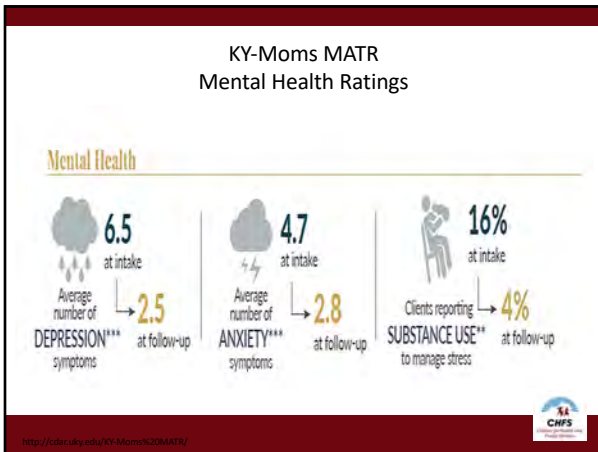
---

---

---

---

---




---

---

---

---

---

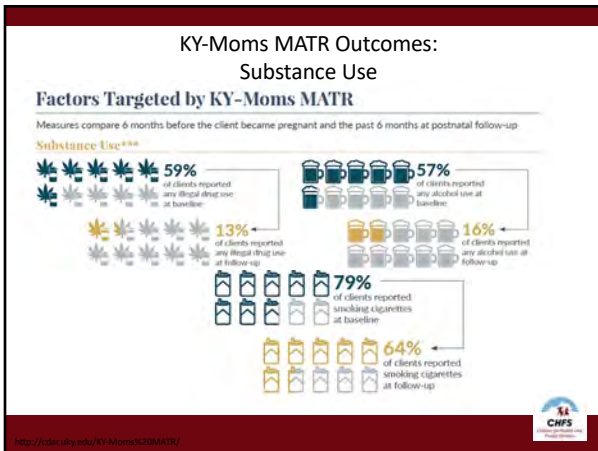
---

---

---

---

---




---

---

---

---

---

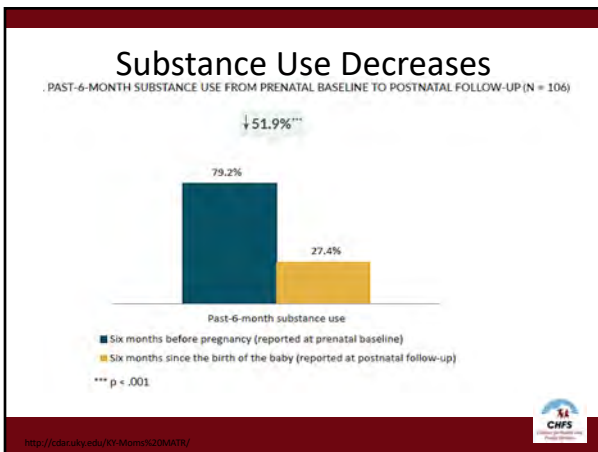
---

---

---

---

---




---

---

---

---

---

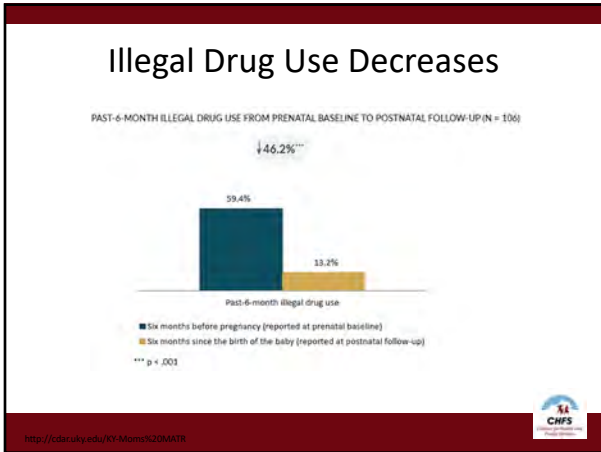
---

---

---

---

---




---

---

---

---

---

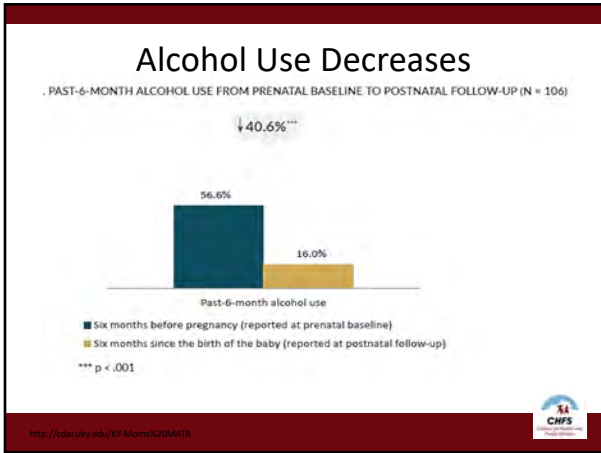
---

---

---

---

---




---

---

---

---

---

---

---

---

---

---

### Other Factors Examined at Follow-up

Other factors examined at postnatal follow-up

**Economic Hardship**

**48%** at intake  
 Clients reporting difficulty  
**MEETING BASIC LIVING NEEDS**  
 → **47%** at follow-up

**34%** at intake  
 Clients reporting difficulty  
**MEETING HEALTH CARE NEEDS\*\*\***  
 → **11%** at follow-up

*“It helped a lot emotionally. Anything you needed to talk about they were there to talk to you.”*

-KY MOMS MTR FOLLOW-UP CLIENT

<http://cdcr.ky.edu/KY-Moms%20MTR>

---

---

---

---

---

---

---

---

---


---

## KY-Moms Service Map

**KY Moms: Maternal Assistance Towards Recovery (MATR) services:**

- For Pregnant and Postpartum Women who are at risk for and diagnosed with Substance Use Disorders
- Limited to 13 of KY's Community Mental Health Centers
- Additional Substance Use Services are offered by each region, contact CHMC for more information.

Department of Behavioral Health, Developmental and Intellectual Disabilities contact:  
Katie Stratton (502) 788-6192  
katie.stratton@ky.gov



**KY Moms by Community Mental Health Region**

1- Four Rivers Behavioral Health (Franklin & surrounding counties) Ellen Walsh (270) 442-9039 x 703	6- Centertown (Letcher & surrounding counties) Mandy Mason (502) 341-5400	12- KY River Comprehensive Care (Harold & surrounding counties) Ginger Shouse (606) 436-8124
2- Pennington Center (Boyleville & surrounding counties) Paula Brown (270) 886-0486 x 194	7- NorthKey Community Care (Northern KY area) Heidi Bowman (859) 288-0952 x 4251	13- Cumberland River Behavioral Health, Inc. (Curlin & surrounding counties) Jill Owens (506) 537-2070
3- River Valley Behavioral Health (Owensboro & surrounding counties) Nikki Stobig (270) 852-5520	8- Comprehensive (Mayeville & surrounding counties) Lauren Penrose (606) 759-7799	14- The Adanta Group (Barnesville & surrounding counties) Sherri Estes (606) 479-9425
4- LifeSkills (Speedway Green & surrounding counties) Karen Garity (270) 901-5000 x 1066	10- Pathways (Richmond & surrounding counties) Kerry Wheeler (606) 324-1141 x 4532	Project Pride - Elongress.org Pregnancy Case Management Tracy Farris 859-425-2230
5- Cosmesville (Elizabethtown & surrounding areas) Tara Smith (270) 786-2850	11- Mountain Comprehensive Care (Fayetteville & surrounding counties) MarShauna Jacobs (606) 889-0329	Project Link - Centertown Pregnancy Case Management Ana Williams (502) 288-8510

---

---

---

---

---

---

---

---



---

---

---

---

## Discussion


---

---

---

---

---

---

---

---

---

---

---

---

## Contact Us!

**Katie Stratton, M.S.**  
Program Administrator  
KY Department for Behavioral Health, Developmental and Intellectual Disabilities  
Katie.Stratton@ky.gov  
502-782-6192

**Mary Mosley, M.Ed., LCADC**  
Program Administrator  
KY Department for Behavioral Health, Developmental and Intellectual Disabilities  
Mary.Mosley@ky.gov  
502-782-6247




---

---

---

---

---

---

---

---

---

---

---

---